

L15000061887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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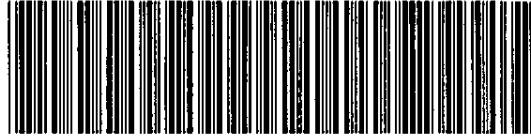
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 21 2015

J SHIVERS

**TURNER & LYNN, P.A.**  
**ATTORNEYS AT LAW**

Vernon W. Turner (1917-2000)  
Sandra T. Lynn  
John Michael Lynn

7 Barracuda Lane  
Key Largo, FL 33037  
Telephone: (305) 367-0911  
Fax: (305) 367-0915

Please reply to:  
Key Largo office XXX  
Homestead office     

6 Palm Plaza  
Homestead, FL 33030  
Telephone: (305) 367-0911  
Fax: (305) 367-0915

May 13, 2015

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: 4520 East West, LLC**  
**Articles of Amendment**

To whom it may concern:

Please find enclosed the Articles of Amendment to Articles of Organization for 4520 East West, LLC and the Certificate of Status for the new authorized member, 4520 East West Manager, LLC. Also, enclosed please find our Turner & Lynn check in the amount of **\$25.00** as payment for the following fees:

- Articles of Amendment \$25.00

If you have any questions please do not hesitate to contact my office. Thank you for your assistance in this matter.

Very Truly Yours,

TURNER & LYNN, P.A.

BY:

  
SANDRA T. LYNN, ESQ.

STL/CH  
Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 4520 East West, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra T. Lynn, Esq.

\_\_\_\_\_  
Name of Person

Turner & Lynn, PA

\_\_\_\_\_  
Firm/Company

7 Barracuda Lane

\_\_\_\_\_  
Address

Key Largo, FL 33037

\_\_\_\_\_  
City/State and Zip Code

Sandratl@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra T. Lynn, Esq.

305 367-0911  
\_\_\_\_\_  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

4520 East West, LLC

\_\_\_\_\_  
**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/08/2015 and assigned  
Florida document number L15000061883.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

\_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_, Florida

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Peel Properties LLC	4401 East West Highway	<input type="checkbox"/> Add
		Suite 500	<input checked="" type="checkbox"/> Remove
		Bethesda, MD 20814	<input type="checkbox"/> Change
AMBR	4520 East West Manager LLC	4401 East West Highway	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Bethesda, MD 20814	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SECRETARY OF STATE  
WASHINGTON  
MAIL ROOMS


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 5-13, 2015

~~Signature of a member or authorized representative of a member~~

SANDRA   
Typed or printed name of signer